IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE:	: 09/06/2005			CHECKWRITE SUMMARY REPORT ECKWRITE DATE: 09/07/2005		+		
			_	FINANCIAL PAYER: NCDMH				
						+		
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS		-			+		
		0	n					
						0 0	16	16
3404904	WESTERN HIGHLAN	11	2160	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	DS LME					+		
						1		
		8599	1715	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		0 4141	22236	18095
				BENEFIT PACKAGE.		+	-	
		8651	89	ONLY FOUR UNITS ALLOWED PER MO				
				NIT				
		<u> </u>				+		
3404910	PATHWAYS	8599	1055	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		+	<u> </u>	
			-	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		-	 	
			+			+	 	
		10	213	DIAGNOSIS OR SERVICE INVALID F		4 1552	14910	13296
	+		+	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR			1	
						+		
		5404	67	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
						+		
3404912	CATAWBA COUNTYM	8599	345	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		+		
				BERELLI LIGHTOF.		+		
		191	38	CLIENT ID NUMBER DOES NOT MATC		3 432	2273	1841
				H PATIENT NAME				
						+		
		11	37	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE		+		
						+	-	
3404913	MECKLENBURG COM	8599	450	DETAIL NOT COVERED BY COMBINAT		1		
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACAGE.		+	-	
		11	50	CLIENT NOT ELIGIBLE ON SERVICE	1	.3 560	2595	2035
				DATE				
		191	15	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME		1		
			-			-	 	
3404916	CROSSROADS BEHA	8599	417	DETAIL NOT COVERED BY COMBINAT		+		
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND		1		
			-	BENEFIT PACKAGE.		-	 	
		8950	169	CLIENT ONLY ENROLLED IN TRACKI		0 751	14251	13500
				NG POP GROUP. MUST ALSO BE				
				ENROLLED IN A FUNDED POP GROUP				
		10	73	DIAGNOSIS OR SERVICE INVALID F		+	 	
				OR CLIENT AGE. VERIFY CID,				
			+	DIAGNOSIS, PROCEDURE CODE FOR		+	-	1
3404917	CENTERPOINT HUM	8599	782	DETAIL NOT COVERED BY COMBINAT		+	+	
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		1	07	CLIENT NOT ELIGIBLE ON SERVICE		0 921	3696	2775
		11					2030	2775
		11	57	DATE				
		11	37					
			28	DATE				
		5404	28					

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0			0		
						0	0	
3404919	GUILFORD CO MEN	8599	129	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	16	SEVERE DUPLICATE: SAME ATTD PR	2	155	3318	3163
				OV/PCODE/TOS/DOS/MOD				
		4.04						
		191	ь	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
				N PATIENT NAME				
3404920	AT AMANON OR OWNER	8599	217	DETAIL NOT COVERED BY COMBINAT				
	ALAMANCE CASWEL L AREA MH D		+	ION OF RECIPIENT, PROVIDER AND	1	1	 	
	≥ AREA PH D			BENEFIT PACKAGE.			 	
				+			 	
		11	212	CLIENT NOT ELIGIBLE ON SERVICE	21	657	2270	1613
	1	1		DATE		337	2270	101.
		1					1	
		21	74	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C	8599	926	DETAIL NOT COVERED BY COMBINAT				
	HATHAM AREA			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	259	DUPLICATE OF CLAIM-SYSTEM	42	1617	10744	9127
		5210	2.5					
		5312	86	PRIOR AUTHORIZED DOLLARS EXCEE				
				DED				
3404922		8599	508	DETAIL NOT COVERED BY COMBINAT				
3404522	THE DURHAM CENT	0333	500	ION OF RECIPIENT, PROVIDER AND				
	ER			BENEFIT PACKAGE.				
		8505	30	CLAIM DENIED DUE TO INSUFFICIE		603	1164	561
				NT BUDGET		603	1104	361
	1	1			1			
	1	11	30	CLIENT NOT ELIGIBLE ON SERVICE	1			
		1		DATE			1	
3404923	FIVE COUNTY MH	8599	339	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	49	DUPLICATE OF CLAIM-SYSTEM	1	422	4143	3721
	4	101	10	OLITHME TO WINDER DOES NOT THE				ļ
	+	191	13	CLIENT ID NUMBER DOES NOT MATC	1			
	+	1		H PATIENT NAME	1			
	1	1			1		 	
3404925		8599	764	DETAIL NOT COVERED BY COMBINAT			 	-
	SANDHILLS CENTE		, , ,	ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD		+	BENEFIT PACKAGE.				
	+	+	1		1	1	 	
	+	11	264	CLIENT NOT ELIGIBLE ON SERVICE	***	1000	11510	0755
	+	1	1	DATE	121	1765	11518	9753
	+	+	1	+	1	1	 	
	+			+			 	
	1	21	215	DUPLICATE OF CLAIM-SYSTEM			 	
								1

PROVIDER NUMBER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NOPIDER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404926	SOUTHEASTERN RE	8599	1221	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	365	CLIENT NOT ELIGIBLE ON SERVICE	120	1900	9087	7187
				DATE				
		8933	70	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404927	CUMBERLAND CO M	8599	427	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	91	CLAIM DENIED ATTENDING PROVIDE	0	650	4172	3522
				R CANNOT BE THE SAME AS				
				THE LMA				
		8622	31	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		n	0	0	0
		1	1					·
3404930	JOHNSTON COUNTY	8599	180	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
	MNIL REIRC			BENEFIT PACKAGE.				
		8621	19	60 RESIDENTIAL LEVEL III TREAT		220	873	653
				MENT RECEIVED, PA IS REQUIRED	8	220	8/3	653
				FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
		11	10	CLIENT NOT ELIGIBLE ON SERVICE				
		11	10	DATE				
				DATE				
3404931		11	226	CLIENT NOT ELIGIBLE ON SERVICE				
2404321	WAKE CO HUM SVC	11	220					
	BILLING OF			DATE				
	BILLING OF			DATE				
	BILLING OF							
	BILLING OF	8599	221	DETAIL NOT COVERED BY COMBINAT	25	705	8317	7612
	BILLING OF	8599	221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	25	705	8317	7612
	BILLING OF	8599	221	DETAIL NOT COVERED BY COMBINAT	25	705	8317	7612
	BILLING OF	8599	221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.	25	705	8317	7612
	BILLING OF	3599 10	221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	25	705	8317	7612
	BILLING OF		221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.	25	705	8317	7612
	BILLING OF		221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F	25	705	8317	7612
	BILLING OF		221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	25	705	8317	7612
3404932	BILLING OF		221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	25	705	8317	7612
3404932			221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	25	705	8317	7612
3404932	RANDOLPH/SANDHI		221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	25	705	8317	7612
3404932	RANDOLPH/SANDHI		221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	25	705	8317	7612
3404932	RANDOLPH/SANDHI		55 0	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	25	705		7612
3404932	RANDOLPH/SANDHI		221 55 0	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	25			7612
3404932	RANDOLPH/SANDHI		221 35 0	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND SENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT ***	25			7612
3404932	RANDOLPH/SANDHI		221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	25			7612
	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	0	0	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND SENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT ***	25			76122
	RANDOLPH/SANDHI LLS CO MH C	0	0	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT	25			7612
	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	0	0	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	25			7612
	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	0	0	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0			0
	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	0 0 8599	0	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	7612
	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	0 0 8599	0	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	0	0	0	0
	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	0 0 8599	0	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	0	0	0	0
	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	10 0 0 0 8599	0	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	0	0	0	0
	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	0 0 8599	0 107	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	0	0	0	0
	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	10 0 0 0 8599	0 107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P	0	0	0	0
	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	10 0 0 0 8599	0 107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P	0	0	0	0
3404933	RANDOLPH/SANDHI LLS CO MM C SOUTHRASTERN CT R FOR MH/DD	10 0 0 8599 11	95 0 0 107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO F RICE THIS CLAIM DETAIL	0	0	0	0
3404933	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT R FOR MH/DD	10 0 0 0 8599	0 107	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	0	0	0
3404933	RANDOLPH/SANDHI LLS CO MM C SOUTHRASTERN CT R FOR MH/DD	10 0 0 8599 11	95 0 0 107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO F RICE THIS CLAIM DETAIL	0	0	0	0
3404933	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT R FOR MH/DD	10 0 0 8599 11	95 0 0 107	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	0	0	0
3404933	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT R FOR MH/DD	0 0 8599 11 11	0 0 107 77 31	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE	0	259	10972	10713
3404933	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT R FOR MH/DD	10 0 0 8599 11	95 0 0 107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE	0	0	0	10713
3404933	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT R FOR MH/DD	0 0 8599 11 11	0 0 107 77 31	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND	0	259	10972	10713
3404933	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT R FOR MH/DD	0 0 8599 11 11	0 0 107 77 31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE DATE	0	259	10972	10713
3404933	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT R FOR MH/DD	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 11	0 0 107 77 31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	259	10972	10713
3404933	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT R FOR MH/DD	0 0 8599 11 11	0 0 107 77 31	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC	0	259	10972	10713
	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT R FOR MH/DD	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 11	0 0 107 77 31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	259	10972	10713
3404933	RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT R FOR MH/DD	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 11	0 0 107 77 31	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC	0	259	10972	0

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404935	WAYNE CO MENTAL	U	U	*** NO DATA TO REPORT ***				
	HEALTH CTR							
								-
		0	n		_	-		-
		7	-		0	0	0	-
3404936	WILSON-GREENE M	8599	112	DETAIL NOT COVERED BY COMBINAT				+
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				+
	ENIAL REALI			BENEFIT PACKAGE.				
		8931	25	AMTNC INELIGIBLE TO RECEIVE SE	34	157	1871	171
				RVICES IN IPRS.				
		8932	9	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404937	EDGECOMBE NASH	21	156	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
			1		+			
	1	8599	67	DETAIL NOT COVERED BY COMBINAT	+			
		0.333	,	ION OF RECIPIENT, PROVIDER AND	0	247	3222	297
	1		+	BENEFIT PACKAGE.	+			+
			1		+			+
	1	191	10	CLIENT ID NUMBER DOES NOT MATC	+			+
	1		+-	H PATIENT NAME	+	1	1	+
			1		+			
			1		+			+
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				+
	TONE COUNSE							
	TONE COUNCE							
		0	0		0	0	0	
3404939	NEUSE MENTAL HE	21	266	DUPLICATE OF CLAIM-SYSTEM				
	ALTH CENTER							
		8599	116	DETAIL NOT COVERED BY COMBINAT	0	384	1751	136
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	2	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404941		11	510	CLIENT NOT ELIGIBLE ON SERVICE				
2404341	PITT CO MH/DD/S	11	510					
	AS CENTER			DATE				
		8599	98	DETAIL NOT COVERED BY COMBINAT		600	2020	0.40
	1		+ -	ION OF RECIPIENT, PROVIDER AND	9	633	3039	240
			1	BENEFIT PACKAGE.	+			+
			+	+	+			
		191	10	CLIENT ID NUMBER DOES NOT MATC	+			
	1		1	H PATIENT NAME	1			†
								1
3404942	ROANOKE CHOWANH	8599	126	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	60	CLIENT NOT ELIGIBLE ON SERVICE	18	229	2436	220
				DATE				
					1			
		0.5	2.5					
	1	21	16	DUPLICATE OF CLAIM-SYSTEM	+			
	1		1		+			
			1		+			1
3404943		5404	78	SEVERE DUPLICATE: SAME ATTD PR	+			+
- 10 1 2 1 2	ALBEMARLE MENTA		1.0	OV/PCODE/TOS/DOS/MOD	+			+
	L HEALTH CE		+		+			+
			+		+			+
	1	21	47	DUPLICATE OF CLAIM-SYSTEM		004	4*0*	400
		1	+		80	284	4484	420
			1		+			+
			1		+			+
		8931	38	AMTNC INELIGIBLE TO RECEIVE SE	+			
			+	RVICES IN IPRS.	+			
		+	+	+	+			+

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER		EOBS	DENIALS	DESCRIPTION				
HOHDER	PROVIDER NAME	2020	DENTILLO	DEDUCTE 1101	DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	24	15	PROCEDURE CODE, PROCEDURE/MODI				
	N SERVICES			FIER COMBINATION OR PROCEDURE				+
	N DERVICED			CODE/TYPE OF SERVICE COMBINATI				
		8599	6	DETAIL NOT COVERED BY COMBINAT	1	31	682	651
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM	11	993	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	63	DETAIL NOT COVERED BY COMBINAT	C	1065	3151	2086
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8651	9	ONLY FOUR UNITS ALLOWED PER MO				
				NTH				
3404957	TIDELAND MENTAL	8599	150	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	10	CLAIM DENIED ATTENDING PROVIDE	20	196	1730	1534
				R CANNOT BE THE SAME AS				
				THE LMA				
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
								1
3404979	NEW RIVER AREAM	11	221	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		21	58	DUPLICATE OF CLAIM-SYSTEM	2	298	3383	3085
		8599	14	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				